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NO. 3347 P. 2

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22204 7590 05/16/2005

NIXON PEABODY LLP  
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SUITE 900  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being transmitted to the USPTO at 703-745-4000 on May 23, 2005.

Linda M. Swink

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/667,827	09/22/2000	Paula S. Fried	099489-000002	1694

TITLE OF INVENTION: DENTAL IMPLANTS AND METHODS FOR EXTENDING SERVICE LIFE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1400 \$700.00	\$0	\$1400 \$700	08/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
O'CONNOR, CARY E	3732	433-172000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 NIXON PEABODY LLP
- 2 \_\_\_\_\_
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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## (A) NAME OF ASSIGNEE

PAULA S. FRIED

## (B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Bayside, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) ☒ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

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(Date)

May 25, 2005

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